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OFFICIAL GAZETTE GOVERNMENT OF GOA

PUBLISHED BY AUTHORITY

NOTE

There is a Extraordinary issue to the Official Gazette, Series I No. 48 dated 24-2-2022 namely, Extraordinary dated 24-2-2022 from pages 2959 to 2960, Notification No. 5-2-2021-Fin (DMU) from Department of Finance regarding Market Borrowing Programme of State Government 2021-22.

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1. Planning, Statistics & Evaluation Dir. & ex officio Jt. Secy.	Not.- DPSE/RBD/Amendment-Rule/2020/312	The Goa Registration of Births and Deaths (Amendment) Rules, 2021.	2961

GOVERNMENT OF GOA**Department of Planning**

Directorate of Planning, Statistics & Evaluation &
Office of the Chief Registrar of Births & Deaths

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Notification

DPSE/RBD/Amendment-Rule/2020/312

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act No. 18 of 1969), the Government of Goa, with the approval of the Central Government, hereby makes the following rules so as to further amend the Goa Registration of Births and Deaths Rules, 1999, namely:—

1. Short title and commencement.— (1) These rules may be called the Goa Registration of Births and Deaths (Amendment) Rules, 2021.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Amendment of rule 10.— In the Goa Registration of Births and Deaths Rules, 1999 (hereinafter referred to as the "principal Rules"), in rule 10, for sub-rule (1), the following sub-rule shall be substituted, namely:—

"(1) Where the birth of any child has been registered without a name, the parent

or guardian of such child shall, within a period of 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing:

Provided that such information may be given,—

(I) after the aforesaid period of 12 months but within a period of 15 years,

(II) after the aforesaid period of 15 years, but within a period of 05 years from the date of commencement of the Goa Registration of Births and Deaths (Amendment) Rules, 2021,—

(i) in case where the registration had been made prior to the date of commencement of these rules (principal rules 1999); Or

(ii) in case where the registration had been made after the date of commencement of these rules (principal rules 1999) and 15 years period from the date of registration has already been lapsed,

subject to the provisions of sub-section (4) of section 23, the Registrar shall,—

(a) if the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five;

(b) if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the Officer specified by the Government in this behalf for making the necessary entry, on payment of a late fee of rupees five.”.

3. *Amendment of rule 13.*— In rule 13 of the principal rules, for sub-rule (1), the following sub-rule shall be substituted, namely:—

“(1) The fees payable for a search to be made, and extract or a non-availability certificate to be issued under section 17, shall be as follows:—

(a) Search for a single entry in the first year for which the search is made	Rs. 5.00
(b) For every additional year for which the search is continued	Rs. 5.00
(c) For granting extract relating to each Birth or Death	Rs. 25.00
(d) For granting non-availability certificate of Birth or Death	Rs. 25.00”

4. *Substitution of Forms.*— In the principal rules, for the existing Form Nos. 1, 2, 3, 5, 6, 7, 8, and 9, the following forms shall be respectively substituted, namely:—

Form No.1 (See rule 5)

ENDORSEMENT No. (....) BR		BIRTH REGISTER BIRTH REPORT Legal Information This part is to be added to the Birth Register	
<p>To be filled by the Informant:</p> <p>1. Date of Birth: (Enter the exact day, month and year the child was born e.g. 01-01-2000) □ □ □ □ □ □ □</p> <p>2. Sex: (Enter "Male, Female or Transgender", do not use abbreviation)</p> <p>3. Name of the Child, if any:</p> <p>4. Name of the Father:</p> <p>5. Name of the Mother:</p> <p>6. Permanent address of Parents:</p> <p>7. Address of Parents at the time of birth of Child:</p> <p>8. Place of birth:</p> <p>(Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place).</p> <p>9. Hospital/Institution Name:</p> <p>Address:</p> <p>10. Town or village of residence of the mother: (Place where the mother lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):</p> <p>a) Name of Town/Village: (1) Town (2) Village</p> <p>b) Is it a Town or Village? (Tick the appropriate entry below):</p> <p>11. Religion of the Family (Tick the appropriate entry below): (1) Hindu (2) Muslim (3) Christian (4) Any other religion: (Write the name of the religion):</p> <p>12. Father's level of education: (Enter the completed level of education e.g. if studied upto Class VII but passed only class VI, write class VI), To be detached and sent for statistical processing</p> <p>13. Mother's level of education: (Enter the completed level of education e.g. if studied upto class VII but passed only class V, write class V), (If no occupation write 'N/I').</p> <p>14. Father's occupation: (If no occupation write 'N/I').</p> <p>15. Mother's occupation: (If no occupation write 'N/I').</p> <p>Date: (Signature or left thumb mark of the informant)</p>			
<p>BIRTH REPORT Statistical Information</p> <p>This part to be detached and sent for statistical processing</p> <p>To be filled by the Informant:</p> <p>16. Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered):</p> <p>17. Age of the mother (in completed years) at the time of this birth:</p> <p>18. Number of children born alive to the mother so far including this child: (Number of children born alive to include also those from earlier marriage(s), if any):</p> <p>19. Type of attention at delivery: (Tick the appropriate entry below): 1) Institutional-Government 2) Institutional-Private or Non-Government: 3) Doctor, Nurse or Trained midwife: 4) Traditional birth attendant: 5) Relatives or others:</p> <p>20. Method of Delivery: (Tick the appropriate entry below): 1) Natural 2) Caesarean 3) Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) if available:</p> <p>22. Duration of pregnancy (in weeks):</p> <p>(Columns to be filled are over. Now put signature at left).</p>			
To be filled by the Registrar: Registration No. : Registration date : District : Town/Village : Remarks (if any) : Name and signature of the Registrar		To be filled by the Registrar: Code No. : Registration No.: Registration date: Date of Birth: Sex: (1) Male (2) Female (3) Transgender Place of Birth: (1) Hospital/Institution (2) House (Name and signature of the Registrar)	

Form No.2
(See rule 5)

<p>Form No.8 (See rule 12)</p> <p>DEATH REGISTER</p> <p>DEATH REPORT</p> <p>Legal Information</p> <p>This part is to be added to the Death Register</p>	<p>ENDORSEMENT No. (....) DR</p>	<p>DEATH REPORT</p> <p>Statistical Information</p> <p>This part to be detached and sent for statistical processing</p>	<p>FORM No. 2</p>																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">To be filled by the Informant:</th> <th style="width: 85%;">To be filled by the informant:</th> </tr> </thead> <tbody> <tr> <td>1. Date of Death: (Enter the exact day, month and year the death took place e.g. 01-01-2000)</td> <td>11. Town or village of residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered): a) Name of Town/Village:</td> </tr> <tr> <td>2. Name of the deceased: (Full name as usually written)</td> <td>b) Is it a Town or Village? (Tick the appropriate entry below): (1) Town (2) Village</td> </tr> <tr> <td>3. Sex of the deceased: (Enter "Male, Female or Transgender" do not use abbreviation)</td> <td>12. Religion (Tick the appropriate entry below): c) Name of District: d) Name of State: (1) Hindu (2) Muslim (3) Christian</td> </tr> <tr> <td>4. Name of the Mother:</td> <td>13. Occupation of the deceased: (If no occupation write "Nil")</td> </tr> <tr> <td>5. Name of the Father:</td> <td>14. Type of medical attention received before death: (Tick the appropriate entry below), (4) Any other religion: (Write the name of the religion):</td> </tr> <tr> <td>5a. Name of Husband/Wife:</td> <td>15. Was the cause of death medically certified? (Tick the appropriate entry below): 16. Name of disease or actual cause of death (For all deaths irrespective of whether medically certified or not):</td> </tr> <tr> <td>5b. Age of Husband/Wife:</td> <td>17. In case, this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy : (Tick the appropriate entry below): (1) Yes (2) No</td> </tr> <tr> <td>5c. Contact details of Husband/Wife:</td> <td>18. If used to habitually smoke-tobacco in any form-for how many years? 19. If used to habitually chew arecanut in any form (including Pan massala)- for how many years?</td> </tr> <tr> <td>6. Age of the deceased: (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours).</td> <td>20. If used to habitually drink alcohol- for how many years? (Columns to be filled are over. Now put signature at left).</td> </tr> <tr> <td>7. Address of the deceased at the time of Death:</td> <td>21. If used to habitually drink alcohol- for how many years?</td> </tr> <tr> <td>8. Permanent address of the deceased:</td> <td></td> </tr> <tr> <td>9. Place of Death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location).</td> <td></td> </tr> <tr> <td>10. Informant's Name: Address: (After completing all columns 1 to 21, informant will put date and signature here):</td> <td></td> </tr> <tr> <td>Date: (Signature or left thumb mark of the informant)</td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">To be filled by the Registrar:</td> <td style="text-align: center;">To be filled by the Registrar:</td> </tr> <tr> <td colspan="2">Registration No. : Registration Unit : Town/Village : Remarks (if any) :</td> <td style="text-align: center;">Name District : Tehsil : Town/Village : Registration Unit :</td> <td style="text-align: center;">Code No. Registration date : Date of Death: Age: years/months/days/hours. Sex: (1) Male (2) Female [Place of Death: (1) Hospital/Institution (2) House (3) Other place]</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;">Name and signature of the Registrar</td> </tr> </tbody> </table>				To be filled by the Informant:	To be filled by the informant:	1. 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(Tick the appropriate entry below): 16. Name of disease or actual cause of death (For all deaths irrespective of whether medically certified or not):	5b. Age of Husband/Wife:	17. In case, this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy : (Tick the appropriate entry below): (1) Yes (2) No	5c. Contact details of Husband/Wife:	18. If used to habitually smoke-tobacco in any form-for how many years? 19. If used to habitually chew arecanut in any form (including Pan massala)- for how many years?	6. Age of the deceased: (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours).	20. If used to habitually drink alcohol- for how many years? (Columns to be filled are over. Now put signature at left).	7. Address of the deceased at the time of Death:	21. 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		Name and signature of the Registrar																																											

Form No.3 (See rule 5)

Form No 9
(See rule 12)

STILL BIRTH REGISTER	
Legal Information	
This part is to be added to the Still Birth Register	

FORM No. 3

In the case of multiple births, fill in a separate form for each child and write "Twin birth" or "Triple birth", etc., as the case may be in the remarks column in the box below left

STILL BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

To be filled by the Informant:

1. Date of Birth: (Enter the exact day, month and year e.g. 01-01-2000)
2. Sex: (Enter Male, Female or Transgender), do not use abbreviation).
3. Name of the Father: (Full name as usually written)
4. Name of the Mother: (full name as usually written)
5. Place of Birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place).
 - 1) Hospital/Institution Name:
 - 2) House Address:
6. Informant's Name: Address: (After completing all columns 1 to 12, Informant will put date and signature here):

Date: (Signature or left thumb mark of the informant)

11. Duration of pregnancy (in weeks):
12. Cause of Foetal death (if known):

(Columns to be filled are over. Now put signature at left).

To be filled by the Registrar		
Registration No.: Registration Unit: Town/Village: Remarks (if any):	Name Code No. District: Tehsil: Town/Village: Registration Unit: Name and signature of the Registrar	Registration No.: Registration date: Date of Birth: Sex: (1) Male (2) Female (3) Transgender Place of Birth: (1) Hospital/Institution (2) House (Name and signature of the Registrar)

STILL BIRTH REPORT

In the case of multiple births, fill in a separate form for each child and write "Twin birth" or "Triple birth", etc., as the case may be in the remarks column in the box below left

To be filled by the Informant:

7. Town or village of residence of the mother: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered):
- a) Name of Town/Village:
- b) Is it a Town or Village? (Tick the appropriate entry below):

To be detached and sent for statistical processing

c) Name of District:

d) Name of State:

e) Name of District:

f) Name of State:

g) Name of District:

h) Name of State:

i) Name of District:

j) Name of State:

k) Name of District:

l) Name of State:

m) Name of District:

n) Name of State:

o) Name of District:

p) Name of State:

q) Name of District:

r) Name of State:

s) Name of District:

t) Name of State:

u) Name of District:

v) Name of State:

w) Name of District:

x) Name of State:

y) Name of District:

z) Name of State:

Form No. 5
(See rule 8)

क्रमांक _____

No. _____



गोंय सरकार
GOVERNMENT OF GOA

नमुने — ५

Form - 5



Department of

प्रमाणपत्र दिवपी थळाव्या संस्थेचे नाव Name of local body issuing certificate

जल्म प्रमाणपत्र
BIRTH CERTIFICATE

[जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २०२१ च्या नेम ८/१३ खाला जारी केला].

[Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Goa Registration of Births and Deaths (Amendment) Rules, 2021].

अशे प्रमाणित करता की सक्यल दिल्ली माहिती ही जल्माच्या मुळ लेखातल्यान घेतल्या जी गोंय राज्याच्या —————— जिल्हाच्या —————— तहसील/तालुक्याच्या —————— (थळाव्या वाटार/थळाव्या संस्थेत) रजिस्ट्रगत नोंद आसा.

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of tehsil/block of District of Goa State.

नाव/Name: लिंग/Sex:

जल्म तारीख/Date of Birth: जल्म सुवात/Place of Birth:

आवयचे नाव/Name of Mother:

बापायचे नाव/Name of Father:

आज्ञाचे नाव (बापायवटेतल्यान)/Name of grandfather (father's side):

आज्जेचे नाव (बापायवटेतल्यान)/Name of grandmother (father's side):

भुरायाच्या जल्मावेळार पालकांचो पत्तो

Address of the parents at the time of birth of the child

पालकांचो कायमचो पत्तो

Permanent address of parents

नोंदणी क्रमांक/Registration No.: नोंदणी तारीख/Date of Registration:

शेरो (कसलेय आसल्यार)/Remarks (if any):

जारी करपाची तारीख/Date of issue:

प्राधिकाऱ्याची सर्व/Signature of the issuing authority

प्राधिकाऱ्याचो पत्तो/Address of the issuing authority

शिवको
seal

"Ensure registration of every birth and death/प्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हाची खात्री करात".

(All the entries should be in ENGLISH only)/सगळ्यांनी नोंदी फक्त इंग्लिशतल्यानच कराव्यो)

Note: Information as to Permanent Address and Parents Address reflected above were not recorded prior to 30-05-2008.

Form No. 6
(See rule 8)

क्रमांक _____
No. DR _____



गोंय सरकार
GOVERNMENT OF GOA

नमुनो — ६
Form - 6



Department of
प्रमाणपत्र दिवणी थळाव्या संस्थेचे नाव Name of local body issuing certificate

मृत्यू प्रमाणपत्र
DEATH CERTIFICATE

(जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १२/१७ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २०२१ च्या नेम ८/१३ खाली जारी केला)

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the
Goa Registration of Births and Deaths (Amendment) Rules, 2021)

अशो प्रमाणित करता की सकयल दिल्ली माहिती ही मृत्यूच्या मुळ लेखातल्यान घेतल्या जी गोंय गज्याच्या
जिल्हाच्या तहसील/तालुक्याच्या (थळाव्या वाठार/थळाव्या संस्थेत) रजिस्टर नोंद आसा.

This is to certify that the following information has been taken from the original record of death which is the
register for (local area/local body) of tehsil/block
of District of Goa State.

नाव/Name: लिंग/Sex:

मृत्यू तारीख/Date of Death: मृत्यू सुवात/Place of Death:

आवयचे नाव/Name of Mother:

बापायचे नाव/ Name of Father:

घोवाचे/बायलेचे नाव/ Name of Husband/Wife:

मर्ण आयिल्या मनशाचो मृत्यू वेळार आशिल्लो पत्रो

Address of the deceased at the time of death

मर्ण आयिल्या मनशाचो कायमचो पत्रो

Permanent address of the deceased

नोंदणी क्रमांक/Registration No. नोंदणी तारीख/Date of Registration

शेरो (कसलोय आसल्यार)/ Remarks (if any)

जारी करपाची तारीख/Date of issue

प्राधिकाऱ्याची सय/Signature of the issuing authority

प्राधिकाऱ्याचो पत्रो/Address of the issuing authority



"Ensure registration of every birth and death / प्रत्येक जल्म वा मृत्यूची नोंदणी केल्या हाची खात्री करात"

टिप: मृत्यूच्या बाबतीत, रजिस्टर नोंद केल्यातमाग मर्णिच्या कारणासंबंधी क्षमतीच माहिती उक्ती करपाक जायना उप—कलम १७ (१) चो परतक पळयात.
Note: In case of death, no disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to sub-section 17(1)

(All the entries should be in ENGLISH only / सगळ्यो नोंदी फक्त इंग्लिशतात्यानव कराव्यो)

Note: (1) Information as to Permanent address and deceased address at the time of death reflected above were not recorded prior to 30-05-2008.

(2) Information as to name of Husband/Wife was not recorded prior to 2015.

ENDORSEMENT
No. (....)
DR

Form No. 7

(See rule 12)

BIRTH REGISTER**BIRTH REPORT**

Legal Information

This part is to be added to the Birth Register

To be filled by the Informant

1. **Date of Birth:** (Enter the exact day, month and year the child was born
e. g. 01-01-2000)
 2. **Sex:** (Enter "Male, Female or Transgender",
do not use abbreviation)
 3. **Name of the child,** if any:
(If not named, leave blank)
 4. **Name of the father:**
(Full name as usually written)
 5. **Name of the mother:**
(Full name as usually written)\
 - 5a. **Permanent address of Parents:**
 - 5b. **Address of Parents at the time of birth of Child:**
 6. **Name of Grandfather (father's side):**
 7. **Name of Grandmother (father's side):**
 8. **Place of birth:**
(Tick the appropriate entry 1 or 2 below and give
the name of the Hospital/Institution or the address
of the house where the birth took place).
 - 1) **Hospital/Institution Name:**
 - 2) **House Address:**
 9. **Informant's Name:**
- Address:**
(After completing all columns 1 to 22,
informant will put date and signature here:)

Date: *(Signature or left thumb mark of the informant)**To be filled by the Registrar*

Registration No.:

Registration Date:

Registration Unit:

District:

Town/Village:

Remarks: (If any)

Name and Signature of the Registrar

ENDORSEMENT
No.....
DR.....

Form No. 8
(See rule 12)

DEATH REGISTER
DEATH REPORT
Legal Information

(This part is to be added to the Death Register)

To be filled by the informant

1. **Date of Death:** (Enter the exact day, month and year the death took place e.g. 01-01-2000)
2. **Name of the deceased:**
(Full name as usually written)
3. **Sex of the deceased:**
(Enter "Male, Female or Transgender" do not use abbreviation)
4. **Name of Mother:**
5. **Name of Father:**
- 5a. **Name of Husband/Wife:**
- 5b. **Age of Husband/Wife:**
- 5c. **Contact details of Husband/Wife:**
6. **Age of the deceased:**
(If the deceased was over 1 year of age, give age in completed years.
If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below 1 day, in hours).
7. **Address of the deceased at the time of Death:**
8. **Permanent address of the deceased:**
9. **Place of Death:**
(Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/Institution or the address of the house where the death took place. If other place give location).
 - 1) **Hospital/Institution Name & Address:**
 - 2) **House Address:**
 - 3) **Other place:**
10. **Informant's Name:**
Address:
(After completing all columns 1 to 21, informant will put date and signature here):

Date:

(Signature or left thumb mark of the informant)

To be filled by the Registrar

Registration No.:

Registration Date:

Registration Unit:

Town/Village:

District:

Remarks (if any):

.....
Name and Signature of the Registrar

Form No. 9
 (See rule 12)

STILL BIRTH REGISTER
STILL BIRTH REPORT

Legal Information

This part to be added to the Still Birth Register

To be filled by the informant

1. Date of Birth:
 (Enter the exact day, month and year
 e.g. 1-1-2000).
2. Sex: (Enter "Male, Female or Transgender",
 Do not use abbreviation).
3. Name of the Father:
 (Full name as usually written)
4. Name of the Mother:
 (Full name as usually written)
5. Place of birth:
 (Tick the appropriate entry below and give the
 name of the Hospital/institution or the address
 of the house where the birth took place).
 1. Hospital/Institution Name:
 2. House Address:
6. Informant's Name:
 Address:
 (After completing all columns 1 to 12,
 informant will put date and signature here):

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.:

Registration Date:

Registration Unit:

Town/Village:

District:

Remarks (if any):

.....
Name and Signature of the Registrar

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By order and in the name of the Governor of Goa.

Dr. Y. Durga Prasad, Director/Chief Registrar of Births & Deaths.

Porvorim, 25th February, 2022.

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